

L110000070301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

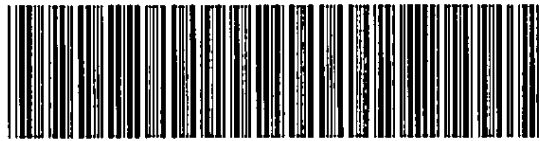
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Delong for me

Office Use Only



700369805667

07/19/21--01010--029 **35.00

2021 JUL 19 PM 4:27

JK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert H. Hampton, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert H. Hampton
Name of Person

Robert H. Hampton, LLC
Firm/Company

733 North Magnolia Avenue
Address

Ocala, FL 32668
City/State and Zip Code

bib@bibsalesocala.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert H. Hampton at (352) 732-4358
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Robert A. Hampton, LLC

if Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

Managing
Member

Tara U. Hampton

20051 SE 30th Street

☒ Add

Morrison, FL 32668

☐ Remove

☐ Change

Managing
Member

Robert H. Hampton

20051 SE 30th Street

☐ Add

Morrison, FL 32668

☐ Remove

☒ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2291 JUL 19 PM 4: 27

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/09 2021

Robert H. Hampton

Signature of a member or authorized representative of a member

ROBERT H. HAMPTON

Typed or printed name of signee